CLAIMS ONLY

Application Number	Filing Date
10725019	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		2				
19	1					
20		1				
21		1				
22		1				
23	1					
24		1				
25		1				
26		1				
27	1					
28		1				
29	cancel					
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48						
49						
50						
Total Indep	6					
Total Depend	23					
Total Claims	29					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						